

Testimony on Raised Bill No. 291

My name is Sandi Carbonari. I am a primary care pediatrician and the immediate past president of the CT Chapter of the American Academy of Pediatrics. I am writing to testify in opposition Raised Bill No. 201, "An Act Concerning Telehealth Providers' Access to Patient Records".

The change from "and" to "or" regarding patient medical history is the difference between quality Patient Centered Medical Home care and isolated, episodic care. This can result in the waste of health care dollars at best and significant harm to children at worst.

In July, 2015 the American Academy of Pediatrics issued a policy statement titled "The Use of Telemedicine to Address Access and Physician Workforce Shortages". The following is an excerpt from that policy statement:

"Telemedicine technologies and consultations can increase care provided in the primary care physician's office in the patient's local community, resulting in improved communication and coordination between providers, supporting the physician-led PCMH model of care, particularly for children with special health care needs. Although quality telemedicine care promises to increase access to pediatric medical subspecialty and surgical specialty care for patients in underserved urban and rural areas, and at the same time curtail unnecessary emergency department and hospital care, this must be done in support of and integrated with the PCMH, not in place of it. The use of telemedicine care by virtual health care providers, such as those linked to retail-based clinics, entrepreneurs, or insurers whose business model is to provide health care services to patients via smart phone, laptop, or video-consult kiosk without a previous physician-patient relationship, previous medical history, or hands-on physical examination (other than what can be accessed via the technology), can undermine the basic principles of the PCMH model. In isolation, the use of virtual telemedicine care represents the antithesis of the medical home model of quality pediatric care: care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.

Virtual health care services are provided episodically and are lacking the essentials of the patient's medical record. Increasing fragmentation of care is the result, which leads to incomplete or redundant services and wastes health care dollars. More importantly, virtual telemedicine care in isolation does not provide timely and comprehensive follow-up with the patient and the medical home. Finally, it does not provide the same level of care that would be provided in a hands-on visit (eg, physical examination, necessary laboratory tests, etc), and therefore the patient receives suboptimal care. Although such novelty care appeals to parents because it can be faster, more convenient, and more affordable than an office visit, the loss of continuity of care, quality of care, and patient safety shows why this telemedicine care model should not be embraced."

The AAP recommends that telemedicine services should be delivered in the context of a medical home, because this model of health care provides continuity and efficiency. Virtual health care services that are provided outside of the medical home lead to a loss of continuity in care, quality of care and patient safety.

The full policy statement can be found at

<http://pediatrics.aappublications.org/content/pediatrics/early/2015/06/23/peds.2015-1253.full.pdf>